



PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. § 1.136(a)		Atty. Docket No. 99-26
	Inventor(s): BOWEN et al.	
	Appln. No.: 09/698,743	Conf. No.: 6821
	Filed: October 27, 2000	
	Title: Method and Apparatus for Monitoring and Controlling a Medical Device	
	Examiner: Dawson, G.	Group Art Unit: 3731
Express Mail Label No. (if applicable): EL 997385093 US		
<p>This is a request under the provisions of 37 C.F.R. § 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee from the original due date of <u>September 14, 2005</u> are as follows:</p> <p>(check time period desired)</p>		
<input type="checkbox"/>	One month - 37 C.F.R. § 1.17(a)(1)	\$ _____
<input checked="" type="checkbox"/>	Two months - 37 C.F.R. § 1.17(a)(2)	\$ <u>450.00</u>
<input type="checkbox"/>	Three months - 37 C.F.R. § 1.17(a)(3)	\$ _____
<input type="checkbox"/>	Four months - 37 C.F.R. § 1.17(a)(4)	\$ _____
<input type="checkbox"/>	Five months -37 C.F.R. § 1.17(a)(5)	\$ _____
<p>Less the previous extension fee of \$ _____ paid in papers dated _____, which were filed in the present application subsequent to the original due date.</p>		
<input checked="" type="checkbox"/>	Fee Transmittal Form Attached. (Submit original and a duplicate for fee processing)	
<input type="checkbox"/>	A check covering the amount due of \$ _____ is enclosed (check no. _____).	
<input checked="" type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to Deposit Account No. 50-0558.	
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0558. A duplicate copy of this sheet is enclosed.	
<p>I am the <input type="checkbox"/> assignee of record of the entire interest.</p>		
<input type="checkbox"/>	applicant.	
<input checked="" type="checkbox"/>	attorney or agent of record.	
<input type="checkbox"/>	attorney or agent acting under 37 C.F.R. § 1.34(a), Registration No. 35,174	
<u>November 14, 2005</u>		<u>Michael W. Haas</u>
Date		Signature
		<u>Michael W. Haas</u>
		Typed Name



## FEE TRANSMITTAL

(Effective 12/08/2004)

"Express Mail" Label No. EL 997385093 US

**TOTAL AMOUNT OF PAYMENT** \$ 450.00

Application Number	09/698,743
Filing Date	October 27, 2000
First Named Inventor	BOWEN et al.
Confirmation Number	6821
Group Art Unit	3731
Examiner's Name	Dawson, G.
Attorney Docket No.	99-26

METHOD OF PAYMENT		FEE CALCULATION (continued)				
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number _____ Deposit Account Name _____		3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. § 41(a)(1)(G) and 37 C.F.R. § 1.16(s). Total Sheets _____ /100 = _____ Extra Sheets _____ /50 = _____ (round up to a whole number) Number of each additional 50 fraction thereof _____ Fee(\$) _____ X 250 = Fee Paid(\$) _____				
2. <input type="checkbox"/> Payment Enclosed: Check (Check No. _____)		4. ADDITIONAL FEES				
<b>FEE CALCULATION (fees effective 12/08/2004)</b>		Fee Description				
<b>1. BASIC FILING, SEARCH, AND EXAM FEES</b> (Large Entity Only)		Fee Paid				
Appln. Type	Filing Fee(\$)	Search Fee(\$)	Exam Fee(\$)	Fees Paid		
Utility	300	500	200			
Design	200	100	130			
Plant	200	300	160			
Reissue	300	500	600			
Provisional	200	0	0			
<b>SUBTOTAL (1)</b>		\$ 0.00				
<b>2. CLAIMS</b> Extra Fee from Claims Below Fee Paid		Fee Description				
Total Claims	8	- 47 *	0 x	25 =	0.00	
Ind. Claims	5	- 9 *	0 x	100 =	0.00	
Multiple Dependent Claims add		360 = 0.00				
* Enter Highest Number Previous Paid For						
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description				
1202 50	2202 25	Claims in excess of 20				
1201 200	2201 100	Independent claims in excess of 3				
1203 360	2203 180	Multiple dependent claim				
1204 200	2204 100	Reissue independent claims over original patent				
1205 50	2205 25	Reissue claims in excess of 20 and over original patent				
<b>SUBTOTAL (2)</b>		\$ 0.00				
		<b>SUBTOTAL (3)</b> \$ 450.00				

### SUBMITTED BY

Typed or Printed Name	Michael W. Haas			Reg. Number	35,174
Signature		Date	November 14, 2005	Deposit Account Number	50-0558